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CONFIRMATION NO. 3050

<b>SERIAL NUMBER</b> 10/801,286	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 1/1472	
<b>APPLICANTS</b> Joachim Mierau, Mainz, GERMANY; Juergen Reess, Ulm, GERMANY; Marion Wienrich, Weiterstadt, GERMANY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/496,747 08/21/2003					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY DE 103 12 809 03/21/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/01/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28501					
<b>TITLE</b> Pramipexole for the reduction of excessive food intake for children					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		